



Request for Use of Town of Georgetown Electronic Message Board Sign

PLEASE ALLOW 10 DAYS FOR YOUR REQUEST TO BE PROCESSED

REQUESTOR INFORMATION

Name of Organization: _____

Address of Organization: _____

Address of Event (if different): _____

Organization Type:

- Government Chamber of Commerce Not for Profit Other

Requested Start Date: _____ Requested End Date: _____

Contact Person: _____

Contact Phone #: _____

Contact email: _____

ANNOUNCEMENT

4 LINE LIMIT – EACH LINE HAS 16-18 CHARACTER LIMIT

Include spaces in count, more letters = smaller font

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|------------------------------|---------------------------------------|-------------|
| <i>Office Use Only</i> | | |
| Date Received: _____ | Approved/Disapproved Signature: _____ | Date: _____ |
| Date Posted/Scheduled: _____ | By: _____ | |